Policy Group: Clinical
Version no.: 2.0
Date of issue: September 2025
Approved by: Physical Healthcare Group

Physical Healthcare Policy

Contents

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	Associate Director of Physical Health, Director of Nursing, Clinial Directors, Clinical staff who provide physical healthcare for patients at STAH
People who need to have a broad understanding of this document	Executive Team, Executive Directors, QSG members, PHG members
People who need to know that this document exists	All clinical staff

1. **Policy Summary / Statement**

This policy identifies the high level of physical health support needed by patients being cared for at St Andrew's Healthcare (STAH). It further identifies the aims and objectives that will ensure that physical health and wellbeing is appropriately managed as part of inpatient mental health care. This policy identifies the procedures that support this policy agenda.

Aims & Objectives

- To improve the detection, assessment, treatment and ongoing management of the physical healthcare needs and wellbeing of patients accessing mental-health inpatient care at STAH.
- To ensure that all patients accessing in-patient mental health services have a baseline physical assessment on admission in-line with national standards.
- To improve the prevention, detection, assessment and management of cardio-metabolic syndrome for all patients at STAH.
- To ensure that all patients who are diagnosed with a Long-Term Condition (LTC) will be managed as per the Quality and Outcomes Framework (QOF) outlined within the General Medical Services contract (NHS England, 2019).
- To improve patients' access to national screening programmes.
- To facilitate access of patients into secondary and tertiary health care services.
- To offer all patients an equitable access to physical health services.

2. **Links to Procedures**

Assessment and Management of Physical Health Procedure
Care of the Deteriorating Patient Procedure
Catheter Procedure
Falls Management Procedure
Pressure Ulcer Prevention and Management Procedure
Resuscitation Procedure
Suspected Head Injury Procedure
Venepuncture Procedure
VTE Procedure
Wound Closure Procedure

Policies and Procedures are available via A-Z:
Policies - Policies - A-Z (sharepoint.com)

3. **Scope**

This procedure applies to all clinical staff, both registered and unregistered (including work choice and agency staff) who work within the Charity and are required, as part of their role, to support a patient's physical healthcare. this

4. Background

The increased mortality gap for people living with serious mental illness (SMI) is stark with life expectancy reduced by 15-20 years compared to the general population. Office for Health Improvement figures state that over 26,000 adults with SMI die prematurely from preventable illness each year (RCPsych, 2023).

This disparity in health outcomes is partly due to poorly identified and managed physical health needs. Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. Individuals with SMI also have double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia than the general population. Individuals living with SMI are not consistently being offered appropriate or timely physical health assessments despite their higher risk of poor physical health. They are not being supported to use available health information and advice or to take up tests and interventions that reduce the risk of preventable health conditions (NHS England, 2018).

People with learning disabilities or cognitive impairment are also far more likely than the general population to have poor health outcomes. The impact is significant, as well as having a poorer quality of life these groups die at a younger age. (PHE, 2017).

5. Definitions

LTC - Long Term Condition. A health problem, such as diabetes or asthma, that requires management over a period of years and commonly for a person's whole life.

SMI – Serious Mental Illness. A mental illness that results in serious functional impairment and limits major life activities such as employment.

VTE – Venousthromboembolism. The formation of a clot or clots in the veins which can lead to serious complications which can be life-threatening.

6. Key Requirements

Physical Health Assessment

All patients on admission will receive an initial physical health assessment and a minimum of an annual physical health assessment following this. Patients who are prescribed antipsychotic medication will be monitored for the health risks associated with these medications. Long-term conditions will be managed in line with community primary care service standards and all patients will be screened for cardio-metabolic disease with appropriate intervention pathways put in place.

Patients will be offered, or signposted to resources for smoking cessation, weight management and physical activity opportunities and all eligible patients will be enrolled on national cancer screening programmes. In addition, all patients aged 65 or over will be screened for frailty using a frailty assessment tool with a view to improve recognition and management of frailty. The outcome of this assessment should lead to incorporating the presence or level of frailty into all care planning and management. Sexual health needs will also be assessed as part of the physical health assessment on admission.

The full requirements for physical healthcare assessment on admission and thereafter can be found in the *Assessment and Management of Physical Health Procedure.*

Physical healthcare assessments should include the patients' carer, relative or friend where appropriate. This is to ensure that all views, knowledge and experiences are taken into account; this is particularly important where a patient lacks capacity.

7. Roles and Responsibilities

Board of Directors
The Board, through the Executive, are ultimately accountable for the design and delivery of all policies and procedures.

Chief Executive Officer
The Chief Executive maintains overall responsibility for ensuring safe practices for patients and staff, which are delivered in part by the development and implementation of, and maintenance and monitoring of compliance to, related policies of the Charity.

Medical Director
The Medical Director is responsible for medical practice within the Charity and for agreeing standards of practice in line with GMC requirements and national best practice.

Director of Nursing
The Director of Nursing is responsible for nursing practice within the Charity and for agreeing standards of practice in line with NMC requirements and national best practice.

Associate Director of Physical Healthcare
The Associate Director of Physical Healthcare is responsible for this policy and associated procedure, ensuring they are reviewed at least once every three years or sooner if national or local policy or procedure changes.

8. Monitoring and Oversight

The Physical Healthcare Group (PHG) is responsible for the monitoring of physical healthcare at STAH. The procedures listed in this policy document identify how physical healthcare will be delivered and provide specific monitoring and oversight information for each layer of physical healthcare provided.

This Policy is also accounted for within the Charity's Risk Management Framework, incorporating appropriate controls and mitigations and as such there will be periodic reviews over the accuracy and effectiveness of any policy related controls. For further information, go to the Risk Management Hub page.

9. Diversity and Inclusion

St Andrew's Healthcare is committed to *Inclusive Healthcare*. This means providing patient outcomes and employment opportunities that embrace diversity and promote equality of opportunity, and not tolerating discrimination for any reason

Our goal is to ensure that *Inclusive Healthcare* is reinforced by our values, and is embedded in our day-to-day working practices. All of our policies and procedures are analysed in line with these principles to ensure fairness and consistency for all those who use them. If you have any questions on inclusion and diversity please email the inclusion team at DiversityAndInclusion@stah.org.

10. **Training**
    All clinical staff will attend intermediate life support and physical healthcare observation training on induction or as soon as possible following commencement of employment. Physical healthcare practitioners will receive local training around completion of annual health assessments and long-term condition reviews.

11. **References to Legislation and Best Practice**

NHSE. 2019. *Standard General Medical Services Contract 2018/19*. [online] Available at: https://www.england.nhs.uk/wp-content/uploads/2019/04/general-medical-services-contract-19-20.pdf [Accessed 29 August 2025].

PHE 2017. *Improving the Health and Wellbeing of People with Learning Disabilities*. *Public Health England*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656700/Health_charter_2017_guidance.pdf [Accessed 29 August 2025].

NHSE. 2018. *Statistics » Physical Health Checks for people with Severe Mental Illness*. [online] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/?msclkid=3bea0c28b4ed11ecb55b0757c87dc55c [Accessed 29 August 2025].

12. **Exception Process**
    Please refer to the exception process Policy and Procedure Exception Application Link

13. **Key changes**

Version Number	Date	Revisions from previous issue
1.0	Jun 2022	New overarching Policy
1.1	Sep 2024	Inclusion of sexual health needs assessment; update email address to stah.org, updated job titles and update to the exception process link
1.2	Dec 2024	Added a new statement within the monitoring section to highlight this policy has an associated risk as recorded within the risk register
2.0	April 2025	Moved to the new template • **Aims & objectives** – inclusion of statement regards equitable access to healthcare • **Links to policy** - all physical healthcare procedures added • **Family and carers** - Statement included regards family and carer involvement in physical health assessments.